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MEDICAL EDUCATION IN THE UNITED STATES.

From an Introductory Lecture by Prof. M. Paine, M.D., of the University of New York.

HERE, then, is the great foundation upon which the superstructure can alone be erected. Knowledge must be carried through the wide domain of our profession. Its *elements*, however, can never be sufficient for the exigencies of the healing art—can never resist that plausible simplicity which throws its fascinations around the chemical and other physical doctrines of life and disease, and will forever shrink from the stupendous and intricate philosophy which constitutes the true science of medicine. You must, therefore, aspire at the goal of medical philosophers, before you may comprehend or enjoy the philosophy of medicine. You must have willing minds, and steady purpose, before you will study the elaborate writings of its sages, and therefore, before those efforts of genius can bear with any practical effect upon the dogmas of ambition, or the errors of ignorance and superstition. “Books,” says Bacon, “can never teach the use of books;” and I may add that in proportion as they are concerned about difficult principles, so must the practical habits of life, and experimental observation through the wide domain of Nature, be brought to their interpretation, and an exposition of their uses. The mind must gather instruction through the same channels from which books of instruction have been derived, before we may comprehend the nature of the latter. Then shall you go on, with books and experimental observation hand in hand, to provide yourselves with a work of your own creation that shall surpass the most elaborate writings of any sage of our profession. For though, as said by Fenelon, “we admire with reason the invention of books, in which are presented the histories of so many facts, and which are the depositories of so many thoughts, what comparison is there between the most delightful book, and the brain of a learned man? There can be no doubt that this brain is a far more precious collection, and a much more beautiful invention than any book. In this little reservoir you can find, at any moment, every image that you desire. You call them, they come. You send them away, they hide themselves, we know not where, and others appear in their place. We open and shut our imaginations as we open and shut a book; as one may say, we turn over its leaves, we

pass suddenly from one end of it to the other. We have even tablets in the memory, to indicate the places where certain images may be found. But these innumerable characters, which the mind can read so rapidly, leave no traces on the brain. If you examine it, you see only a soft substance, a sort of cluster of fine and tender threads, and mostly water." If you analyze it with fire and acids, you get nothing but the mere elements of matter. The *presiding genius* evades the grossness of sense, alike in the hands of the physiologist, the anatomist, the chemist, and the medical philosopher.

Such is the book of books; and would you make the highest attainments in medicine, it should be a compound of many written books, and replete with inscriptions by the hand of Nature. It may not, however, be easy to indicate the amount of knowledge or of intellectual labor which is necessary to form a medical philosopher. This will depend much upon natural endowments, upon opportunities of observing nature, and the mode in which these opportunities are employed.

You are inducted over the threshold of medicine by the standard elementary authors; and you are farther initiated by lectures at our public institutions. But, at the very onset, you meet with error as well as with truth; and it is only by systematic perseverance, by rising from elementary authors to the lecture rooms of medical teachers, where principles are variously examined, and ascending to the elaborate writings of the great masters of our art, and then by applying to the whole the test of your own observations of nature, that you can separate what is true from the false, and acquire that proficiency in medicine which ensures the greatest practical success.

These propositions are too plain to be controverted; and it now only remains to ascertain whether there be any condition of society which modify the requirements that are enjoined upon physicians by the highest and holiest dictates of the healing art.

Wherever man exists in a state of society, there will always be the professional ministers of relief to his suffering and disease. This is even true of the wandering Arab, and of the most abject and superstitious of our race. To them nothing accrues but the havoc of ill-directed means, or, at best, the hope that is inspired by incantations and charms. These are the lobelia empirics of our own land; and whilst we regard with sorrow the unhappy destinies of our benighted brethren of the woods, or of the hovel, the victims of an obstinate delusion, where knowledge and Christianity prevail, scarcely deserve a passing sympathy.

Since, therefore, practitioners of the healing art, whether for good or for evil, must abound in all assemblages of men, it is obvious that provisions should be made for the diffusion of medical knowledge as far commensurate with the vastness and the difficulties of the science, and with its relations to the human welfare, as the circumstances of each society will admit. There should be no limit to those requirements which humanity enjoins, and which education supplies, unless imposed by the common exigencies of society; and these are alone of

a pecuniary nature. Where wealth abounds, as in the various states of Europe, medical education should be carried to the very stretch of the principles which I have suggested; and it is a scandal to their society that imperfections are tolerated in any shape. The diffusion of wealth should insure to every country in Europe an overflowing profession conversant with every useful department of science, and accomplished in the philosophy of medicine.

This, I believe, is, to a large extent, an undoubted proposition—so undoubted that there are not wanting many who would make this triumph of wealth a standard of requirements in our young and comparatively necessitous republic. Here, too, our institutions go for the equality of man, and legislation proceeds upon this conciliatory, however unfounded, principle. Whilst, therefore, medical education may be encouraged by provisions that do not conflict with the fundamental declaration of equality of rights and intellect, there will ever remain, whilst the doctrine remains, a passive, but licentious indulgence of the lowest quackery. Such will not only be the inevitable result of a principle adopted from policy, and which did better cause than the artillery of war, but the whole people being the arbiters of principle as well as of law, the majority will be slow to relinquish a concession so flattering to pride and so inflammatory to ambition—and, as you know, there will still be multitudes who will ride into power upon these infirmities of our nature, and who, when once in power, must sustain the fiction which gave them elevation. However, therefore, whatever is good in our republican institutions may surpass all other systems of social compact, we may make up our minds that medical quackery will receive at least the indulgence of our legislators.

This fundamental evil separates us still more widely from European states than the wealth and the leisure which give them an ascendancy in literature and arts; and whilst, therefore, the latter may hold replenished the profession of medicine in its highest advances, their legislators, without fear and with a good conscience, may extinguish a pestilence which is more desolating to the human race than that "which walketh in darkness," or all the ravages of war.

Thus, then, we destroy the parallel which has been attempted between our own and European states, and show it the merest fiction of the visionary mind. Exact from our physicians the intellectual culture, and rear in this land the high standard of medical acquirements, which are so noble and fascinating in some of the schools of Europe, and quackery would reign almost universal from one end of the continent to the other. Is not the whole multitude, whether rich or poor, pressing forward either for greater wealth, or for the pittance of their daily bread? Nay, more, do not all our medical colleges hold out the temptation of moderate fees, and give, in their annual announcements, a conspicuous place to the *humble charges for the necessities of life*? But what are these, compared with the expenses attendant on the prolonged and higher grades of academic and medical learning in some of the European states? And who does not see the inconsistency that would hold

in one hand professions of cheapness to allure the student through our present system of medical discipline, and threaten with the other augmented fees and an impossible exaction upon time? The same principle, too, runs through all our primary schools, our academic, collegiate, legal, clerical and political institutions. Cheapness of education, and a corresponding adaptation of time, are found indispensable to the general condition of society.

The question is, therefore, settled on the immutable principles of truth—of a truth which is founded in the exigencies of our country. We have not the means, we have not the leisure, to follow the standard of European wealth; nor can we control our destinies by European legislation. He, who, in America, aims at the profession of medicine, with honors and dignities as inviting as in the aristocracies of Europe, but less seductive than the allurements of wealth, comes from a class where the blandishments of the latter have no existence. He has worked his way from elementary schools through the higher departments of academic learning, under the frigid discipline of poverty, and he enters our halls of medical education with little else than the hope that his career may not be arrested by insane exactions, now, for the first time, borrowed from the overgrown wealth of Europe, and her old and rich institutions. Looking back upon my own fortunes in life—looking around upon what I everywhere witness, I sympathize, most deeply sympathize, with this class of the American family.

Raise, therefore, beyond a certain limited poise, our standard of absolute requirements, and I repeat it, with no fear of contradiction, we shall turn from our medical schools most of their aspirants into more humble channels, or into the walks of empiricism. The exigencies of American physicians demand an early application to the business of life. If we would cultivate the field of medicine, we must look for an early harvest, or, my word for it, it will soon be overrun with weeds. But these necessities by no means preclude the highest advancement in medical attainments. When the harvest begins, then is the time for the most salutary stimulus of ambition; and whoever yields to its spur, will find abundant opportunity to carry his knowledge to the highest stretch of his intellectual constitution.

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The medical students of the United States, who aspire at the honors of the profession, may be divided into three classes. One of these resort to the country schools, where lectures and board are low, though scarcely lower than in our cities. The advantage gained, therefore, consists in a more limited term of instruction, which diminishes expense, and often enables the graduate to enter sooner upon those practical labors which call loudly upon his attention. He goes forth, however, from these minor institutions with a fund of knowledge of immediate and salutary application, and which is capable of growing into a mine of inestimable value.

A second class are blessed with more ample means; and after husbanding their resources at one session of a country institution, they

seek, at the next, the higher accomplishments which are to be found in the cities.

Lastly, come the aristocrats of our profession ; made so through the difference of a few dollars, by those noble attainments which that little disparity in fortune qualifies them to bestow upon themselves. It is the aristocracy of mind and education—the only aristocracy which can advance, one iota, the dignity and the worth of man.

Here, then, we have a system of medical education remarkably adapted to the exigencies of our country ; and for the very reason that it has sprung from those exigencies, under the stimulus of a general diffusion of knowledge, and the indomitable enterprise and ambition of our countrymen. Instead of deficiencies, it is only astonishing that a nation, just rising from its infancy, should have carried the general diffusion of knowledge far beyond any of the most enlightened states of Europe, should have reared more temples for the higher branches of education than can be found in all Europe together, should have its twenty-eight medical colleges, in most of which there are professors who do honor to the departments over which they preside.

Nor are there any institutions more important than the *country* medical schools, since these are adapted to the means of a large class of students, who, without them, would either make but humble attainments, or seek other channels for the business of life ; whilst, as I have shown, the places of the latter would be supplied with jugglers and empirics. Nay, more, a large proportion of our second class, such as divide themselves between town and country, wanting the facilities of attending, at first, a minor course of lectures, and not having the ambition which is there inspired, would never seek the higher advantages of our cities ; but, in hopeless despair, would turn themselves to some other employment, or be compelled to dispense with the important advantages of public lectures.

The more, therefore, we consider this subject, the more we shall see the calamitous extent to which medical education would be reduced, or gross empiricism entailed upon society, were it not for our country medical schools ; and it therefore follows, as a necessary axiom, that the standard of requirements cannot be increased in those institutions without equally defeating their objects.

It is therefore, also, as palpable as demonstration can make it, that our present system of collegiate medical instruction should remain without essential change in its *absolute requirements*, till such change can be sustained by a more general increase and diffusion of property, and by that diminished zeal for wealth which only follows its accumulation in the hands of many.—*New York Jour. of Medicine.*

COLONY OF INSANE AT GHEEL.

IN my last, I alluded to the exclusive treatment of the insane by moral means : this is carried out on a large, though somewhat rude scale, at

Gheel, a village some leagues from Antwerp, where numbers of the insane are placed, to lodge with, and to share the labors of, the inhabitants. As this colony has not been heard of by the great majority of the profession in England, some details respecting it may not be unacceptable, for which, as I have not myself visited the place, I must be indebted to a *brochure* lately published by Dr. Moreau, Physician to the Hospice of Bicetre, who kindly sent me a copy of it from Paris.

Gheel is situated in an extensive district of Belgium known by the name of the *Campine*, the plains of which are uncultivated, covered with brushwood and fir trees, except in the immediate neighborhood of the towns and villages, where the land is in a high state of cultivation. The Campine has been termed the Siberia of Belgium.

Gheel is in the centre of this tract of country, isolated, separated from other habitations by an extent of several miles of waste land, which greatly facilitates the superintendence of the patients, inasmuch as, from the difficulty of progressing through the brushwood, those who attempt to escape must follow the high road, on which they are easily recognized and stopped. At Gheel, the insane, who were formerly treated elsewhere in so barbarous a manner, have, during several centuries, lived almost free in the families of the inhabitants, under the patronage of the saint by whose means they expected to be cured, traditions agreeing in ascribing the origin of the colony to the martyrdom of the daughter of a king of Ireland, who sought refuge in the neighborhood of Gheel, at the close of the sixth century, to escape the persecution of her father, and who, after her death, was canonized. For a long period there was no other physician in the colony; and nevertheless, the prayers of the families were sometimes heard, and cures were effected. In those times of ardent faith, religious practices were calculated to exert an immense influence over the mind of the patient. At the present day, however, recourse is had to Saint Dymphne in order to obtain a patient's cure, in those cases only when a wish to that effect is formally expressed by his family.

The reputation of Gheel as regards the cure of insanity has always stood high, and the miracles operated in their favor by means of the intercession of the Saint, attracted patients from all the surrounding countries. The colony, however, has only been well known since the eighteenth century, at which period it was visited by distinguished men from other countries, among whom was the worthy successor of Pinel, Esquirol, whose principles, as exposed in his *Traité des Maladies Mentales*, were doubtless partly derived from his inspection of Gheel. An asylum, says this distinguished physician, ought to resemble as much as possible, by the disposition of its localities, ordinary habitations. All that savors of constraint or mistrust, all that might excite in patients the thought that they are forever separated from society, ought to disappear. The classification of the patients according to the nature of the alienation is one of the most important conditions of the treatment. Hence the necessity of numerous divisions, which admit of the avoidance of confusion. The colony at Gheel is but the realization of these principles,

the essential basis of all treatment ; and there, as is always the case, facts have preceded theory ; chance has gone before the discoveries of science.

In 1803, M. de Pontecoulant, the Prefect of the Dyle, who was doubtless struck with the immense advantages which the colony presented for the placement of the insane, thought, as he expressed himself, that he fulfilled a duty towards humanity in adopting, with reference to these unfortunates, a refuge recommended by the success of long experience. He consequently caused all the insane in the hospitals at Brussels to be sent there ; and the example was soon followed by Malines, Louvain, and other towns of a secondary class. When Belgium was united to Holland in 1815, the eastern provinces and Flanders sent a considerable number of insane to Gheel. Lastly, Namur and Luxembourg made arrangements with the municipality of Gheel for the reception of other patients.

While the colony was making so rapid an increase, its interior organization ought at the same time to have been duly considered, and means should have been taken to regularize so great a number of individuals. Unfortunately it was not so ; Gheel was only a depot—a sort of Botany Bay—to which Belgium sent those patients who, after having been treated for a few weeks in one hospital or another, were reputed incurable. They were there forgotten ; and those only left the place who, being restored to health, and conscious of their cure, were permitted to return into society.

“It is very true, as stated in the report made to the Communal Council of Gheel on the 19th November, 1838, that this state of matters has, at all times, awakened the solicitude of the magistrates of the Commune ; but most of the police regulations were out of date, and had fallen into disuse. Serious abuses had crept in ; the direction of more than seven hundred insane was, so to speak, committed to chance. The same neglect occurred with reference to the administrative and medical departments : the insane were placed in the colony, and quitted it cured without the knowledge of the authorities ; no account was given of the patients by their families ; methodical treatment had become impossible ; the colony was a vast field of observation, uncultivated and useless to science.”

The censures expressed in the public papers, by foreign and Belgian medical visitors, caused the institution to fall into a well-merited disrepute, and even compromised its existence : a serious and radical reform had then become indispensable ; and the Council consequently adopted, in 1838, a police regulation of administration and superintendence, upon the basis of a medical direction.

There are no less than 9000 inhabitants in the Commune of Gheel, a large portion of whom reside in hamlets at a greater or less distance from the central village. The insane (men and women, the number of which is about equal) are distributed over all the parts of the district. All the inhabitants, whatever be their position or avocation, may receive patients into their houses, according to agreements made with their families, or from the hospitals of Brussels, Malines, &c. Most of the patients are supported at the expense of the Government. The price required for

board and lodging varies according to the accommodation. It seldom exceeds 300 florins annually, or is lower than 100. Each patient is placed under the direct superintendence of the person to whom he is confided; this individual (*nouricier*) must supply the patient with wholesome and abundant food, a clean and well-aired lodging, a good bed, &c.

Monomaniacs, with an evident tendency to homicide, or to incendiarism, are not received at Gheel.

All the insane are inscribed upon a register upon their arrival, together with such details and peculiarities of their case as could be obtained. In such an establishment the superintendence must be active, unceasing, prompt in chastising offenders, and in encouraging good actions. It must have an eye, day and night, upon the patient and the person to whom he is confided. Doubtless this superintendence cannot be so easy in a colony as in an asylum; but being shared by a sufficient number of individuals, and developed in its means of action, it will be able, without difficulty, to repress abuses, to protect each member of the colony against the neglect or ill-treatment of his host, no less efficiently than in establishments where the patients are trusted to *infirmiers*. There is no patient at Gheel who has not a commission of superintendence, or a director, to watch over him. The general superintendence is vested in the local administration. The hospices, towns, parishes, or private individuals, who place patients at Gheel, may appoint special commissions of superintendence, or may nominate individuals for the purpose, at their own choice and expense: these special superintendents are, however, under the control of the College of Burgomasters.

The different members of the commissions are charged to visit the patients frequently, and without previous notice: the entrance of each house is at all times open to them. They see the patient, inspect his room, his bed, receive his complaints; in a word, obtain all the information which may conduce to ameliorate his position. If the host is in fault, the patient is removed and placed with another. Should he have struck or ill-treated his patient, unless he can prove that it was done in his personal defence, he is declared *infamous*, and unfitted to receive any more lodgers. The insane share the labors and the daily occupations of the families in which they reside. Some even contract such a liking to the mode of life that they voluntarily remain after having recovered their reason. The majority walk about the village and in the environs, with almost as much freedom as the other inhabitants; but in accordance with the regulations, they cannot go out before six in the morning in summer, and eight in winter; they must return home at four in the afternoon in winter, and at eight in summer. Each *nouricier* is bound to enforce this regulation under the penalty of a fine. Those individuals, however, who are known to labor under a harmless kind of alienation, and whose conduct is peaceful, are exempted from the strictness of this law; but in no case are they allowed to be out at night. Each patient going to church is accompanied by a member of the family.

With the exception of these restrictions, the patients enjoy all the ad-

vantages of society, of which they are even useful members. In fact, the colony supplies hands for agriculture, for various industrial pursuits and professions, while, at the same time, the mind of the patient is diverted and occupied, which cannot fail to contribute powerfully to their restoration. There are at Gheel not merely workmen of all kinds, but even teachers of languages, of arithmetic, drawing and writing. There is a harmonic society, which was founded by one of the patients. "I assisted," says Dr. Moreau, "one evening at a vocal and instrumental concert, and was struck with the precision and the unity of the execution."

The entrance to the smoking houses is not prohibited to the patients; and it is not uncommon to see them there quietly smoking their pipe, with a pot of beer at their side; or playing at cards, billiards, or some other game. Abuses are prevented by fining the inn-keeper in whose house a patient may have become intoxicated.

"Although," continues Dr. Moreau, "I have had much practice with the insane, and have, since 1827, lived almost constantly among them; although I cannot forget that every day, at Charenton, thirty or forty patients, of both sexes, meet in a public room, where music and different games procure them agreeable diversions, yet I confess I was surprised to see them at Gheel, walking about freely in the streets of a large village, and in the country, mixed with the inhabitants. I was especially surprised at the little notice which they attracted even from the children, whose attention is not excited by the extravagancies of some of the patients at Gheel: one is born, so to speak, a superintendent of patients. It is *traditionally*—by the experience of predecessors—that the wants of the insane are known; the art of ruling them, which is so difficult, the Gheelois possess, in great measure, without being aware of it; because it forms part of the habits of their lives. The great liberty which the insane enjoy at Gheel cannot then be attended with much inconvenience, since, after all, they are constantly watched by numerous and intelligent keepers."

In our hospices, high walls, a strict superintendence, keepers placed at the entrance of each division, are not always sufficient to prevent evasion. With what perseverance do not almost all the inmates ask for their liberty! how greatly do they not torment and agitate themselves in order to regain it! Hence it is natural to suppose that the number of those who escape from Gheel would be large; and yet it is only, on an average, seven or eight annually, out of more than seven hundred individuals. This number is so small that it might be supposed incorrect if the statistical returns for several years did not confirm its truth. On considering, however, the disposition of the insane, there is nothing to occasion much surprise as regards this point; the patients at Gheel perceive that they enjoy almost as much liberty as the inhabitants whose employment they share. Whatever be the ideas they may entertain as to the causes which brought them to the place, the idea of a prison—of forcible detention—does not arise in their minds so easily as when they are shut up in the court-yard or sleeping wards of an hospice, together with other individuals subjected to the same regimen and to a uniform mode of life. The privation of liberty

being scarcely felt, they do not think of forcibly obtaining a good which appears to be at their disposal. Precautions are, nevertheless, taken against escape. If a patient manifests a fixed resolution to run away, or has already made the attempt, he is not on that account constantly confined in a room; but a rather heavy chain, the ring of which is covered with leather, is fixed to his leg, so that he still enjoys considerable liberty in walking about.

Those patients who exhibit a disposition to suicide, and epileptics, are subjected to a special superintendence. Suicide is rare in the colony, which is more to be attributed to the mode of life, the continual occupation, and the degree of freedom enjoyed, than to the direct superintendence. One patient killed himself in 1840, and one in 1841.

Those patients who are violent and dangerous are placed out of the way of others; but these cases are rare in the colony; the reason of which is to be found in the liberty which they still enjoy, notwithstanding their state of excitement, and which the nature of the locality admits of. It is now known that the best means of calming the agitation, the fury, of a maniacal patient is to allow him, as much as possible, freedom of action. This agitation, this fury, inevitably increases in proportion to the efforts which are made to repress it, and ultimately terminates in incurable stupidity. When, however, a patient is unmanageable, the *camisole*, or even chains, are allowed to be made use of at Gheel, upon the representation of the physician to the administration that these means are requisite.—*Mr. Lee, in London Medical Gazette.*

EXTRAORDINARY RETENTION OF THE PLACENTA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you think the following of any interest, it is at your disposal.

I was called, October 11th, at 3 o'clock, P. M., to Mrs. C. Found her in bed, face flushed; pulse excited; pain in back, hips and across abdomen, with intervals of partial ease. Some coagula of blood had been expelled per vaginam. Considered herself eight or nine weeks pregnant. Previous to my visit had been some loss of blood for three or four days, but without much pain till within a few hours. Prescribed p. ipecac. comp., and camphor in pills.

12th, 8 o'clock, A. M.—Pills stopped uterine action; slept through night; pains now returning, with bearing down. No medicine to be given through the day. At 10, P. M., found her with severe bearing-down pains, accompanied with increased loss of blood, shivering, faintness and great pallor. Gave her ten grains p. secale cornut., with small quantities of camphor and water.

13th, morning.—Entirely free from pain. Pains ceased almost immediately after my last visit; hemorrhage moderate. Said she thought it was "all over with." Fœtus I did not see, as it had been removed.

14th.—Seemed doing well. Did not see her again till 17th, when I

found her up; appetite good; flowing nearly ceased; and I discontinued my attendance.

24th.—Was called again at 2 o'clock, P. M., to Mrs. C. Pain across lower part of abdomen very severe, and with scarce no intermission. Said she had been very well for some days, that she had exercised a good deal about the house in the morning, and had eaten a hearty breakfast. About 10 o'clock, A. M., pains, with slight discharge of blood, came on again suddenly, and had increased till I saw her. Pains seemed more like violent colic than common labor pains, though there was a disposition to bear down. Face pale; extremities cold; frequent, but ineffectual efforts to make water; hæmorrhage, very little. Thinking that the pains were caused by a collection of coagulated blood brought on by over-exertion, with perhaps some prolapsus uteri, directed spt. nitr. dulcis and tr. opii, with warmth to extremities, and in the course of two or three hours she became comparatively comfortable, though not free from pain, for which I gave p. ipecac. comp., to be continued till she was easy.

25th, morning.—Nearly free from pain; water free; flowing very nearly ceased; bowels costive. Directed magnes. calcin. for cathartic.

26th, morning.—Free from pain. Said something more had come from her soon after the operation of the magnesia, which, on examination, I found to be a perfect placenta three or four inches in diameter, and beginning to be putrid. This most satisfactorily accounted for the symptoms of the 24th. From this time her restoration was as rapid as could be expected.

Is it not remarkable that the placenta should have been retained nearly two weeks after the expulsion of the fœtus, without pain or any disturbance of the system, the health seeming entirely restored before the placenta was thrown off.

In such cases as the above we see with what safety we can trust chiefly to the natural powers of the system, when a meddling interference would be, to say the least, entirely useless, if not positively hurtful. Young practitioners, I have no doubt, often give themselves a great deal of uneasiness very unnecessarily, and resort to much remedial treatment, in cases that would do much better if most of their officiousness was withheld.

Mrs. C. is the mother of a healthy girl nearly 6 years of age, and was delivered last April of a dead seven-months' child, and in both of her previous confinements she informed me that it was very difficult to get the after-birth from her; but from what cause I do not know, as she was not then under my care.

GEO. HUBBARD.

Boston, Nov. 20th, 1843.

NEW HAMPSHIRE MEDICAL INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

THIS Institution was established, in connection with Dartmouth College, in 1798. The late Dr. Nathan Smith was elected the first, and at that

time the only "Professor whose duty it shall be to deliver public lectures in this University on Anatomy and Surgery, Chemistry and Materia Medica, and the Theory and Practice of Physic." Dr. Smith received his first impulse to study medicine from witnessing a "surgical operation performed by Dr. Josiah Goodhue." It is not surprising, then, that surgery should have been his favorite science. So fully sensible was he of the importance of correct surgical knowledge to the general practitioner, that he devoted himself, with untiring energy, to this department, and used frequently to say in his lectures—"There are many good physicians in the country, but few surgeons." To improve this department he early established a surgical clinique, at which advice was given, and operations performed, gratis. The benefit of this has been incalculable, both to the medical profession and to the public at large. Hundreds of the suffering poor have been rescued from an untimely grave, or relieved from deformity which made life a burthen. In almost every State in the Union, operative surgeons of eminence and skill may be found who have received their first lessons in the art at this Institution. The successors of Dr. Smith, Drs. Perkins of New York, and Mussey of Ohio, were both, while connected with the Institution, eminent surgeons. Dr. Mussey spent twenty-four years of the best part of his life in the service of his *Alma Mater*. He gave increasing interest and importance to the surgical clinique, by making arrangements for the accommodation of patients, and for the further treatment of those upon whom he had performed important operations. Two of the most important were the tying of both carotids and the removal of the scapula and clavicle. I trust the zeal of the Guardians and of the present Faculty to keep pace with the improvements in science, has not a whit diminished, and the number of persons annually resorting to this place for operations is sufficient proof of the benefit and importance of the surgical clinique.

The operations are performed in the anatomical theatre, the seats of which are so arranged that every person present has a good opportunity to see distinctly the successive steps. The students are called on to assist in all cases, giving them an opportunity to acquire dexterity in the application of ligatures and dressings. Thirty operations were performed before the medical class during the term that has just closed; a list of which, with remarks upon some of the cases, is given below.

Lepoid tumor upon the left cheek	-	-	-	-	-	1
Scirrhus of the left breast	-	-	-	-	-	1
Enlarged tonsils	-	-	-	-	-	6
Cancer of the under lip	-	-	-	-	-	1
Polypus nasi	-	-	-	-	-	1
Strabismus	-	-	-	-	-	7
Cataract	-	-	-	-	-	3
Amputation of little finger at metacarpal articulation	-	-	-	-	-	1
Sarcomatous tumor from the upper and back part of thigh (a)	-	-	-	-	-	1
Steatoma deeply imbedded among the tendons of the wrist	-	-	-	-	-	1
Torticollis	-	-	-	-	-	2
Removal of a painful cicatrix from the top of the right foot (b)	-	-	-	-	-	1

Epulis, very large, requiring the removal of most of the alveolar process on the right side of the upper jaw	1
Hare-lip	1
Extirpation of the submaxillary gland	1
Amputation of the right leg	1

(a) Horatio Wheeler, aged 51, Randolph, Vt. This patient was operated upon by Dr. Mussey, in 1818, for osteo-sarcoma, located upon the right hand. In 1831 Dr. M. amputated the right arm at the shoulder-joint for the same disease. It appeared again upon the scapula and clavicle, and in 1837 Dr. M. removed both these bones. In 1839 he presented himself again, with a tumor of the same character, which I removed, occupying, as I judged, a portion of the pectoralis major, left at the previous operation. The tumor recently removed had nothing resembling cartilage or bone in its structure. He has good health and fine spirits, and is an active and useful man; and shows, by his unshrinking fortitude, that severe operations "are nothing after one gets used to them."

(b) Mr. Eastman, aged 40. This man fell upon his back, producing palsy of the parts below, followed by enlargement of the spine at the seat of the injury. Recovering so as to be able to walk, he fell and bruised the top of the right foot, which gave him great pain at the time, and which he says has continued without a moment's interval for eleven years! An ulcer had existed at the point of pain a part of the time. I removed the cicatrix, but no relief followed. Having, as he said, given it a great deal of medicine and eleven years' time, without benefit, he was now determined to have the limb removed. The wound has not quite healed, but he is free from pain.

DIXIE CROSBY.

Dartmouth College, Nov. 18, 1843.

INTRODUCTORY LECTURES IN BALTIMORE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I had the opportunities and the pleasure of hearing the introductory lectures of several of the professors in the medical institutions in this city: and as it comported with my inclination, as well as with the business and pursuits of my life, I cheerfully embraced these opportunities.

The first of these lectures that I heard, and the only one which circumstances permitted me to hear in "the College of Medicine of Maryland," was delivered by Professor Hall, on the subject of hygiene. The subject was dextrously handled, and the lecture was very interesting, and appeared to give universal satisfaction to a crowded audience. This gentleman has occupied a chair in the institution almost from the time of its establishment. Something, therefore, of more than ordinary interest might well be expected of him: and I should suppose that in this his hearers were not disappointed. If, however, this effort fell anything short of his general reputation as a lecturer, it certainly possessed great merit.

The second lecture I had the pleasure of listening to, was in the youthful institution devoted to the art and science of dental surgery. It was from the pen of Professor Harris—an experienced practitioner in the line of his vocation. This production, I would say, was rather too replete with imagery, even for an introductory. But it was, nevertheless, very good, and highly creditable to its author. His views were correct, his sentiments excellent, and his style elegant and poetic. His subject was appropriate, although much radiated. His illustrations were apt, strong and beautiful: and he gave additional life to the subject by infusing into it the spirit of his own lofty enthusiasm.

Professor Harris enjoys, I believe, the credit and satisfaction of being a principal, if not the chief and primary agent in founding the College of Dental Surgeons in this city. And that credit and satisfaction are enhanced greatly by the consideration that it is the first and only institution of the kind in the United States, or, as far as I know, in the world. He takes high ground for this department of science, and ranks it second to none connected with the healing art. And no doubt, if his arduous exertions and laudable ambition for its success be properly patronized and sustained, this institution is destined to attain an eminence commensurate with the importance of the knowledge it is designed to impart; and perhaps beyond the expectation now entertained by its most sanguine friends.

The third lecture, also delivered in the latter institution, to a small but intelligent auditory, with which I was edified, was given by Professor Handy. His subject embraced general science. But the lecturer's chief aim was to inculcate the paramount importance of the science of man, as a physical, moral and mental being. But as I only designed to notice these lectures in a summary manner, I will briefly add that this gentleman was happy in the arrangement of his subject; and equally so in the nervous language with which he clothed his sentiments. His manner was not only pleasant and easy, but impressive. He, as did his colleague, acted well his part. I shall not subject myself to the imputation of arrogance by saying, that his views of physiology and pathology, as far as they went, were sound and correct generally. He took one position, however, the correctness of which I was disposed to doubt; *i. e.*, that the defective circulation of the blood through the lungs, from compression (by corsets or otherwise), produced tubercles in these organs.

This institution is in its incipient stage of existence; having been created by a charter from the Legislature of Maryland at the session of 1840-41. Not only is its reputation circumscribed by this fact, but also by the comparative paucity of those who are personally interested in its promotion, as devotees to this branch of surgery. Judging, however, from the zeal and ability exhibited by those of the Faculty whom I have had the gratification of hearing, it has commenced under favorable auspices; and I cherish the hope that it will "go on and prosper."

MEDICUS.

Baltimore, Nov. 7, 1843.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, NOVEMBER 29, 1843.

Medical Education.—A lecture by Martyn Paine, M.D., of the University of New York, re-published from the New York Journal, is making something of a sensation. Its title is, "The Improvement of Medical Education in the United States."

A vast deal has been elaborated on this subject—especially on anniversary occasions—and hence it has, in a measure, become stale from having been thus a standing theme for medical orators. Dr. Paine has treated the matter with more discretion and consideration than any one of the legion who has preceded him in the same fertile domain. He shows that it is quite impossible to provide the great country of these United States with medical men whose educational attainments shall be of the highest order. In the first place, those embarking in the profession are generally destitute, but industrious, ingenious, determined young men. They are not drones, nor are they always the ignoramuses their more fortunate brethren may imagine. They are precisely fitted to the condition of society in a new, thriving country, whose institutions of learning are of recent creation.

Without the country schools, hundreds could not be medically educated, who are needed in our immense extent of territory, to alleviate the physical woes of humanity. With the increase of population, there is naturally an increase of pecuniary means, and a corresponding ambition in regard to literary and scientific acquirements. With this regular progression of ways and means, which bear a certain relationship to the age of a community or a nation, these defects of mental culture, which are deplored by the man of learning and refinement, begin to disappear, so that each succeeding generation positively becomes wiser. So it will be with the system of medical education in this new section of the habitable world. The profession of medicine is disgraced here by ignorant pretenders, and arrogant, unprincipled knaves; and so are the other professions. Time is gradually correcting the evil, great as it is. Fifty years hence, the standard of medical education will doubtless be uniform, as it is in great Britain. We must exercise patience and forbearance, instead of threatening coercive measures to make the entire medical body come up to some exalted standard of individual excellence.

Dr. Paine has done himself honor in the judicious manner with which he has gone over the whole ground. He sees the difficulty, but has the wisdom to perceive that men can neither be driven nor frightened into doing that which, however desirable, circumstances render inexpedient, if not impossible. Just as fast as the ignorant can improve themselves, they will do so. The sons will excel their fathers in each succeeding age.

An extract from Dr. Paine's lecture will be found in to-day's Journal.

*Practical Manual of Diseases of the Heart.**—Messrs. Barrington & Haswell, of Philadelphia, manifest no relaxation in their efforts to furnish the medical part of the American community with the writings of all countries which are calculated to advance the interests of medical science among them. A gentleman remarked the other day, that he could not conceive how publishers disposed of such a flood of medical works as they were continually throwing from a prolific press. The fact is, the more they print, the greater is the demand; and so it will continue to be while the country flourishes, population increases, and intelligence characterizes the people.

The little work before us is a translation from the French, by Wm. A. Harris, M.D., who judiciously remarks, that "Notwithstanding the publication of many valuable treatises on diseases of the heart, their study is generally neglected. The unfounded scepticism which still exists in the minds of many physicians, on the possibility of recognizing and curing these diseases, and especially the differences of opinion among authors respecting them, have, in no slight degree, contributed to cast disfavor on this useful branch of medicine."

This portable manual is divided into two parts. In the first are considered the anatomy of the heart; its physiology; its beats and sounds, extensively examined and minutely investigated, forming four chapters. Part second embraces symptoms of disease of the organ; all forms of inflammation to which it is predisposed, or which are known to occur. Then follow chapters on the organic diseases of the heart and large vessels. Next, there are two chapters on the nervous diseases of the organ, followed by an appendix of two more chapters, entitled *diseases of the heart*, where some very nice subdivisions of maladies are brought under notice. For example, there are hydro-pericardium, hemo-pericardium, and pneumo-pericardium, with accompanying explanations of the indications of each, drawn with a minuteness to satisfy one of the most fastidious of the defunct brotherhood of mathematical practitioners.

This is strictly a French production, but none the less valuable on that account, notwithstanding the prejudices that some of the old school physicians present against the modern authorities from that source. It is not so elaborate as to be burthensome, and yet nothing is omitted that should be expressed. With these views, we wish the book may have the encouragement which it deserves.

Practical Medicine.†—This volume is wholly and distinctly a native production. The editor, Dr. Galt, of Williamsburg, Virg., has given a very satisfactory history of it, by which we get a little insight into the life and writings of the author, the late distinguished Dr. Alexander D. Galt, of the same place.

The volume is mostly composed of cases that occurred in Dr. G.'s practice, and is in two parts. The first treats of intermittent and remittent fever; inflammation of the placenta and lungs; inflammation of the

* *Practical Manual of the Diseases of the Heart and Great Vessels*, a work intended to facilitate and extend the study of these diseases. By F. A. Aran, Interne of the Hotel Dieu, &c. Translated from the French by Wm. A. Harris, M.D. Philadelphia: E. Barrington & Geo. D. Haswell. 12mo. pp. 296. 1843.

† *Practical Medicine*: illustrated by cases of the most important diseases. Edited by John M. Galt, M.D. Philadelphia: E. Barrington & Geo. D. Haswell. 8vo., pp. 328. 1843.

bronchia; colic; dysentery; and, lastly, rheumatism. The second is made up of a collection of miscellaneous cases.

The editor in his preface says,—“The cases included in the following work, were selected from papers left by my father, Alexander D. Galt. Of some of the cases which he attended he was in the habit of taking, at the time of attendance, a detailed account; and this work consists of a selection of these descriptions, together with occasional remarks, either interwoven with these cases or made separately. After studying for several years in Virginia, in the office of his father, John M. Galt, a well-known and highly-esteemed practitioner in this section of the country, he then studied medicine in London four years; whilst there, he was a pupil of Sir Astley Cooper. He had an extensive practice in Williamsburg, Virg., and the neighboring counties, for about forty years; in this district of country he was as much distinguished for his exalted moral worth, as for his great medical skill. He was surgeon to the State Lunatic Hospital, in Williamsburg, for many years. Throughout his life, as a physician, his few leisure moments were devoted principally to medical readings.”

This devotion of the son to the character of his father, claims our warmest admiration. Through him the dead instruct the living.

Yale College.—In looking over the catalogue of the medical department of this excellent and flourishing institution, we are gratified to perceive that no change of times seems to affect the onward march of prosperity in the medical school of Connecticut. No disposition has ever been manifested by the Faculty for swelling the list of names to the neglect of appropriate efforts for the permanent usefulness and character of the department. There is a kind of stability in the Connecticut organization of things, literary or scientific, which is acknowledged by all who have studied the statistics of its prominent institutions. The people of Connecticut educate their own physicians and surgeons, according to a required standard, which the wise men of the State fixed upon many years ago. They care nothing about the rivalry or the quarrels of neighboring schools—a system has been adopted, and rigidly enforced, in regard to medical requirements, which has furnished not only Connecticut, but many other States, with some of the most distinguished practitioners in the Union. Long may the Fellows of Yale College maintain the same system that now gives character to those educated there for the practice of either of the learned professions, law, physic or divinity.

Anatomical Atlas.—Henry H. Smith M.D., is preparing an atlas of the bones, muscles, ligaments and nerves, which is to be illustrated by about six hundred illustrations on wood. There are to be five parts—making five distinct volumes, or one imperial octavo. From the advertising sheet of Messrs. Lea & Blanchard, in which a specimen of the engravings is given, an expectation has been raised in favor of the work. Students, particularly, will look with anxiety for its publication.

A Colored Physician.—A petition was recently presented to the Legislature of Tennessee, from the citizens of Fayette Co., praying that a cer-

tain negro slave, called Dr. Jack, be exempted from the law prohibiting slaves from practising medicine. It was supported by another petition from the ladies of the same county. He is represented to be skilful; he has been long in practice, and has rendered, it is said, essential service to suffering humanity. The petition was ordered to be transmitted to the Senate for the action of that body.

Fever at Lane Seminary—Effects of Vegetable Diet.—In No. 7, Vol. XXVIII., of this Journal, some account was given of an anomalous disease among the students of Lane Seminary, in Cincinnati. The last No. of the Western Journal of Medicine and Surgery contains a full account of the fever (typhoid), by Dr. Thomas Carroll, of that city. We have only room this week to quote Dr. C.'s statement respecting the effects of spare diet in producing this disease.

"It has been the habit," he says, "of the students to take care of their own rooms, which of course has not always been done in a way that a lady would have dictated. Most of them have lived at a common table, which has been furnished in a plain but substantial manner. Six or seven, however, boarded themselves during 1842, and most of these were Grahamites; indeed, all lived in an abstemious way. All, with a single exception, had the fever—he, I believe, ate animal food occasionally, and he was also too far advanced in life to be in much danger of the disease. Among these students arose the worst forms of the fever. But one student who had the disease boarded in a private family, and the form in which he had it was not severe. Six cases occurred in families who had admitted some of the sick students. There were two cases in the Rev. Mr. Goodman's family; these occurred in boys who, so far as was known, had not mixed with any of those who had the disease at the Seminary. All who had the fever, besides the students, were under thirteen years of age; and one was not more than two years old."

Again, he says—"The mode of living has no doubt much to do with the origin of typhoid fever; yet I have known it to originate in very cleanly families, but seldom among those who lived well as to diet, and who were in the habit of eating animal food. This may, however, more frequently occur than I am aware of. The only fatal cases among the students, at the Lane Seminary, took place among those who had for a considerable time abstained from animal food, and all who were Grahamites had the fever."

Clerical Prescription.—Dr. W. H. Brown gives, in the Lancet, the following illustration of the occasional interference of clergymen in the medical treatment of patients. "I have been attending lately an old gentleman who was sorely afflicted with eczema, who, of course, wanted to know, every time he saw me, 'what I called it,' and who, when I had spelled it in his ear about fifty times, managed to keep it in his mind. One afternoon, after this was accomplished, there opportunely arrived, *at dinner time*, just as it happened to be ready, the Shepherd, who, of course, finding the old gentleman ill, put on his best grief and asked what was the matter, in reply to which the old gentleman spelled what had been spelled to him; at which the Shepherd was so shocked (professionally placing one hand on the stomach and raising the other) that the supper-hour

elapsed before he found himself equal to leave. Ordinary folks usually prescribe for their friends' ailments on the spot, but the Shepherd went home first, and the next morning, by post, wrote, as the result of a night's deliberation—"Your disease isn't *eczema*, as the doctor says it is. There isn't any such term; but it's *exanthemata*. You'll soon get rid of it if you trust in Jesus and keep your bowels open."

Boils.—You cannot disperse them, even if you ought, you may try, therefore, to bring the boil forward by steaming; but you had better cover it with plaster, and attend to its source, and prevent others by attention to the stomach, by an emetic and alterative pill, and bitter infusion with alkaline solutions. When it looks ill, and exhibits a mass of corrupted cellular membrane, it should be dressed with digestive ointment and poulticed. To correct the disposition to them, after considering the state of the intestinal canal, give antimonials, and order the warm bath.—*Sir C. Bell.*

Medical Miscellany.—Two children, recently born at Lexington, Ind., are represented to have a complete union of the breast bone, the whole length.—The smallpox is prevailing to a considerable extent at Milkwauckie. Twenty-nine cases have occurred since the breaking out of the disease. Of these, five terminated fatally. The Rev. Mr. Cushing, of the Unitarian church, is among those who have been attacked.—Dr. Warren performed lithotomy on a small boy, at the Massachusetts General Hospital, on Saturday, Nov. 18th.—E. H. Leffingwell, M.D., of Brunswick, Me., has been appointed Professor of Chemistry and Natural History in the University of Missouri.—Dr. John O. C. Barclay, Assistant Surgeon, sailed in the U. S. Brig Lawrence for the West Indies.

MARRIED.—In Philadelphia, Dr. Jno. F. Drake to Miss Mary Ann Harrison, both of North Carolina.—C. L. Mitchell, M.D., of New York, to Miss Caroline L. Langdon.

DIED.—In Boston, Dr. Geo. Chadwick, 41, formerly of New Hampshire.—At Litchfield, Conn., Dr. John S. Wolcott, son of the late Gov. Wolcott, suddenly, from putting arsenic in a tooth to alleviate the toothache.—At Thetford, Vt., Mr. Edward Monroe Niles, a member of the Medical Class in Dartmouth College, aged 23. The following resolutions were passed by the class:

Resolved, That in the sudden death of Mr. Edward M. Niles, the medical class of 1843 feel that they have, as a class and as private individuals, sustained a severe affliction.

Resolved, That our deceased brother had, by his talents and devotion, given rich promise of future usefulness, and we deem his sudden decease a great loss to that profession which he had chosen, and which he was eminently well calculated to adorn.

Resolved, That while his talents had secured the highest respect, his generous disposition and his manly deportment had won our warmest friendship—and we most heartily sympathize with the friends of our deceased brother in their affliction.

Number of deaths in Boston, for the week ending Nov. 25, 42.—Males, 16—Females, 26. Stillborn, 5.

Of consumption, 9—croup, 1—lung fever, 2—typhus fever, 6—marasmus, 1—scarlet fever, 1—inflammation of the lungs, 3—canker, 1—fits, 1—abscess, 1—intemperance, 1—teething 2—ulcerated sore throat, 1—cholera infantum, 1—measles, 3—rheumatism, 1—old age, 2—inflammatory sore throat, 1—purpura hemorrhagica, 1—child-bed, 1—diarrhea, 1—infantile, 1.

Under 5 years, 13—between 5 and 20 years, 6—between 20 and 60 years, 20—over 60 years, 3.

Structure and Function of the Intestinal Villi.—MM. Gruby and De-la-fond laid before the Academie des Sciences, on the 5th of June, a paper upon the Anatomy and Function of the Intestinal Villi, in which they state that "the villi of the small intestine are covered not only with cylindrical epithelium, but also with another form of epithelium, which, from its situation, they have named *capitate*. Each cell of epithelium is provided with a cavity, the orifice of which is sometimes wide open, at others more or less completely closed. At the surface of the epithelium of the villi of the small intestine of a dog, are some vibratile cilia not yet described, of which the function is perhaps to displace, when necessary, the coarser chyle, which is in contact with the epithelium.

"Underneath the epithelium, the villus is composed merely of a vascular and fibrous membrane, and within this membrane, of one chyliiferous vessel, or canal only.

"In contracting according to their longitudinal axis, the villi become shortened, and take a conical form, of which the base is towards the mucous membrane. In contracting according to their transverse diameter, they become thinner and longer. In fine, they execute movements in every way, as we have before said in our note to the Academy on the 4th of Sept. 1842. In executing these movements, the villi empty themselves of the blood and chyle contained in their vessels, and put themselves in contact with the new parts of the coarser chyle digested from the aliments. Each cell of epithelium must be considered as an organ especially designed to receive the coarser chyle proceeding from digestion, and to convert it into an homogeneous chyle, formed of an infinity of small molecules, held in suspension in a transparent and spontaneously coagulable liquid. These molecules, and the liquid, are the only parts fit to pass through the deep orifice of the epithelium cells, in order to get into the one chyliiferous vessel placed in the centre of the villus.

"Each cell of the epithelium has a quadruple function:—1st. To fill itself with the coarser chyle proceeding from the digestive process. 2d. To divide and attenuate this chyle, and convert it into a pure and homogeneous chyle, 3d. To expel this liquid, so elaborated, and direct it towards the chyliiferous canal through the vascular and fibrous tissue. This apparatus we have named chylogenous. 4th. In fine, to imbibe the substances dissolved by digestion, and to make them enter the vascular apparatus."—*L'Experience*.

Hæmorrhage.—Some months ago there was described, in a number of the Medical Gazette, a simple, easy, and efficacious method of treating epistaxis; of its efficacy I can speak highly, as I have on several occasions put an immediate stop to profuse hæmorrhage from the nose by adopting that plan. The treatment consists simply in making the patient hold up both arms above his head, when the bleeding will be found soon to cease.

Might not the same plan be pursued in cases of alarming hæmorrhage, that occurs in some persons after the extraction of a tooth?—A Student in *Lon. Med. Gaz.*

New Books in London.—Outlines of Pathology and Practice of Medicine. By Wm. Pulteney Alison, M.D., F.R.S.E.—A Practical Treatise on Fractures. By Edward F. Lonsdale, Surgeon.